MULTIPLE DEPENDENT CLAIM									SERIAL NO.						
FEE CALCULATION SHEET									10/562/49				FILING DATE		
(FOR USE WITH FORM PTO-875)									VT(S)	<u> </u>	7.7	L			
				· · · · · · · · · · · · · · · · · · ·			CLAIM	<u> </u>	<u> </u>						
			AF	TER	AR	TER	<u>s</u>			·					
	AS FILED		I AMENDMENT		1 AMENDMENT				AS FILED		AFTER		AFTER		
	IND.	IND. DEP.		IND. DEP.		DEP.	1		IND. DEP.		T'AMENDMENT		2 "AMENDMENT.		
1					IND.		1 1	51	III.	DEP.	IND.	DEP.	IND.	DEP.	
2	<u> </u>						j	52							
3	 	 	 				1 1	53							
5		 	 	 			1 1	54					-		
6								55 56	-					1 3 4 5	
7								57							
<u>8</u>	 						1 1	58				· ·	-		
10	l							59							
11		(0)					1 1	60							
12		0					j t	62							
13 14								63							
15		0].	64		·					
16		Ö					1	65 66							
17		0					i f	67							
18 19								68							
			\rightarrow				-	69							
21							ŀ	70 71						-	
22				1				72						· ·	
23							_	73							
25							-	74 75							
26						`	-	76					<u></u>		
27								77							
28 29							-	78							
30		-					ļ-	79 80							
31							E	81							
32					<u>-</u> -i		-	82							
34							-	83 84							
35							·	85						[
36								86							
37 38							-	87							
39.							-	88 89							
40								90							
41 42		<u>-</u>]		91							
43							· -	92]	
44					·		-	94			-+				
45					•			95							
<u>46</u> 47							-	96							
48							 -	98			 -				
49								99							
50								100							
TOTAL IND.		4		1		₩	π	OTAL IND.		#		4		4	
TOTAL DEP		44	20	42		4	-	TAL DEP		=		-	4	(a	
CLAIMS			311		!			TOTAL CLAIMS							
PTO - 1360	(REV. 11/04)						***		U.: Fa	cel and Trac	TENT of COM Iomark Office	MERCE			